



Handitran - City of Arlington  
Mail Stop 06-0100  
P. O. Box 90231  
Arlington, TX 76004-3231

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General Office: (817) 459-5390  
Scheduling and Dispatch: (817) 275-3704  
Fax: (817) 275-2286

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## **Guide to Handitran Special Transportation Service**

### **What is Handitran?**

Handitran is the City of Arlington special transportation service for senior citizens and citizens with disabilities. Handitran offers door-to-door, shared-ride, demand response service and operates mini-buses equipped with wheelchair lifts. Taxicabs are also used to supplement the buses. Trained drivers are available to assist passengers in boarding and exiting the vehicles used for this service. *It is important to know that Handitran is a shared ride, public transit service, and does not provide attendant-type services. Please read this information carefully to familiarize yourself with the type and level of service that Handitran provides.*

### **Who is Eligible?**

Handitran service is available to any Arlington or Pantego resident who, because of physical or mental disability, is mobility impaired, and/or is 65 years of age or over. Handitran may request proof of residency. Passengers must be able to sit upright in a wheelchair or vehicle seat. Handitran is a common carrier and should not be used as emergency medical service.

### **How To Sign Up?**

1. Complete the attached Handitran Service Application.
2. Senior citizens must provide proof of age with the application.  
Persons under 65 with disabilities must have their physician certify the application.
3. A \$10.00 application fee is due at the time of application. Payment of this fee does not guarantee availability of rides; it serves only to activate the passenger on the list of passengers eligible for service.
4. Application may be made in person or mailed to the Handitran office. Electronic submissions cannot be accepted.

After the application is accepted and approved, a Handitran identification card is mailed. Those applicants that are denied service have the right to appeal within 10 days.

### **Where Does Handitran Go?**

Handitran offers service anywhere within the city limits of Arlington and Pantego. There is no limit on the trip purpose except public school trips are not allowed. Work, non-public school, medical, essential personal and recreational trips are all allowed.

How Much Does It Cost?

In addition to the \$10.00 Application Fee, there is a charge for each one-way trip. Passengers may choose one of three options for fare payment:

- 1. The cash fare for a one-way trip is \$1.75 per passenger. The exact fare is required as Handitran drivers do not carry change.
- 2. Instead of cash payment, trip tickets may be used. A book of 12 tickets costs \$17.50--a \$3.50 savings. Tickets are available from the drivers or the office. Tickets do not "expire."
- 3. For frequent riders, monthly Handi-Passes are available. They cost \$52.50 and provide unlimited service within a calendar month. Please call the general office for further information on ordering a pass. Pass purchases must be made in advance, by the 20<sup>th</sup> of the previous month, utilizing a Pass Order Form.

Riders must pay their fares upon boarding the vehicle. Unused tickets and passes are not refundable.

Are Wheelchairs Accommodated?

"Common wheelchairs," as defined by the Americans With Disabilities Act, are accommodated. This includes chairs that are no larger than 30" x 48" and less than 600 pounds in total weight. Mobility devices larger than this standard may be denied service. If a mobility device exceeds the normal size, the operator may ask the passenger to transfer to a seat, as it may be difficult to safely secure the passenger within the mobility device. It is the passenger's choice to transfer or remain in their mobility device. Passengers in wheelchairs must have the proper equipment necessary to keep them safely in the wheelchair. This includes, but is not limited to, lapbelts, footrests with toe or heel straps, and brakes in working order.

What Are The Hours?

	Monday - Friday	Saturday
General Office Hours	8:00 a.m. to 5:00 p.m.	Closed
Service Hours	7:00 a.m. to 10:00 p.m.	8:00 a.m. to 9:00 p.m.

Scheduling & Dispatch Office

To Schedule a Ride	8:00 a.m. to 3:00 p.m.	Closed
To Cancel a Ride	24 hours (recorded)	24 hours (recorded)
To Check on Rides	7:00 a.m. to 10:00 p.m.	8:00 a.m. to 9:00 p.m.

Handitran is closed for all City of Arlington holidays.

Guests and Attendants

A passenger may schedule up to two guests, or escorts, to travel with him/her if space is available. Each guest is charged the regular fare of \$1.75 or one ticket.

An attendant who is required as an aide to the passenger may ride free. The attendant must take full responsibility for providing assistance for the passenger to and from the vehicle and from the beginning to the end of the trip. If the attendant does not provide full assistance to the passenger, then he/she will be charged the regular guest fare. Guests and attendants must be scheduled at the time the reservation is made to insure seating is available.

## **How To Schedule a Trip?**

The Scheduling Office accepts service requests between 8:00 a.m. and 3:00 p.m., Monday through Friday (817-275-3704). Passengers may schedule up to six days in advance of the trip (14 days in advance for “routine” trips—see below). Because schedules often run full, we suggest that passengers schedule three to six days in advance to be accommodated at the preferred times. All trip requests are taken on a first-come, first-served basis. The following information is required when requesting service:

- ☐ Passenger name and service I.D. number;
- ☐ If passenger is limited to riding a bus or taxi;
- ☐ Type of assistive device, such as a wheelchair or cane, if any;
- ☐ If any guests, attendant or service animal will accompany the passenger;
- ☐ Phone number;
- ☐ An exact address where the passenger will be picked up;
- ☐ Exact address and description of the place for drop-off (ex. doctor's office, a grocery store). A phone number of the destination is helpful if available;
- ☐ The time due at the destination; and
- ☐ The time a return trip is needed.

Same-day scheduling is permitted on a space-available basis. Requests by passengers for same-day changes on the schedule may be permitted if the schedule can accommodate the change.

Refusals may occur when Handitran cannot accommodate a trip due to limited capacity. All requests are made on a space-available basis. Some trips may be denied due to a lack of capacity.

## **What About Repeating (“Routine”) Trips?**

If a passenger will be making the same trip at the same time for at least four weeks, “routine” service can be requested. This allows the passenger to schedule all recurring trips with one phone call. Requests for “routine” service can be made up to two weeks in advance. Routine service may be temporarily cancelled for a period no longer than four weeks.

## **Are There On-Board Policies?**

Handitran may arrive for pick-up 15 minutes before or after the scheduled time. To avoid delaying other passengers, drivers are required to wait only five minutes before proceeding on their route. If the passenger is not ready, he/she may be charged with a “no show.” Drivers are not allowed to go into residences or other facilities to look for passengers.

Seatbelts must be worn in both buses and taxis. For passenger safety, drivers are not allowed to put the vehicle in motion until seatbelts are fastened. For the comfort of all passengers, food, drink or smoking is not permitted. Profanity or abusive conduct is not permitted and may result in suspension or termination of service. Both bus and taxi drivers are prohibited from accepting tips. Drivers are not allowed to make changes in scheduled times or destinations without authorization from the office.

## **Can I Take Packages?**

Passengers must limit their carry-on packages to no more than the equivalent of five (5) full, brown paper grocery bags , or 10 plastic grocery bags, unless an attendant

travels with the passenger to load and unload the packages. Packages are limited to no larger than a brown paper grocery bag and can weigh no more than 20 pounds.

### **What If Handitran is Late?**

Handitran arrives within the 15-minute “window” of the scheduled pick-up time 95% of the time. On occasion, Handitran may run later than scheduled due to traffic, weather or other unforeseen conditions. If the bus is later than 15 minutes past the scheduled pick-up time, the passenger should call the Scheduling Office to verify the pick-up time.

### **What If the Passenger Is Not Ready For the Return Trip?**

If a passenger will be unable to be ready at the scheduled return time, he/she should call the dispatch office 30 minutes prior to the pick-up time so that the bus/taxi can avoid an unnecessary trip and the passenger can avoid the recording of a “no show.” Then, when the passenger is ready, he/she should call us back. The trip will then be worked back into the schedule at our earliest convenience. No guarantees of return are made, especially during night service hours, when service is limited, or towards the end of service hours, when vehicles have been taken out of service.

### **Cancellations and No Shows**

When it is necessary to cancel a trip, passengers are requested to call and cancel as soon as possible so that time slot may be assigned to another passenger. Cancellations must be made at least 30 minutes prior to the trip to avoid the recording of a “no show.”

Late cancellations (those made less than three hours prior to the trip) are discouraged. Five late cancellations within a 30-day period may result in a service suspension for a period of one week.

When a passenger is not ready for a scheduled trip at the scheduled time and location, he/she may be classified as a “no show.” Passengers who repeatedly no show may have their service eligibility suspended. Suspension periods are from one to four weeks, depending upon the number of no shows.

If a passenger no shows from the point of origin, Handitran will not return to complete the trip unless it can be accommodated as a same-day service request. The return trip of a trip that is no showed is automatically cancelled unless the passenger specifically requests to keep that trip. If a passenger no shows on their return trip home, the passenger must notify Handitran when they are ready. Handitran will then return at the earliest time possible, depending upon vehicle availability. No guarantees of return are made, especially during night service hours, when service is limited, or towards the end of service hours, when vehicles have been taken out of service.

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*Please Call the Handitran General Office if You Have  
Questions About Any of Handitran’s Policies*

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**RELEASE AND INDEMNIFICATION:**

I covenant and agree that, for and in consideration of the City of Arlington allowing me to use the Handitran special transportation system, I do hereby agree to waive all claims, release, indemnify, defend and hold harmless the City of Arlington, its employees, agents, sponsors and volunteers assisting in the Handitran program, from any and all damages, claims, or liability of any kind, whatsoever, which may arise by reason of injury to or death of any person, or for loss of, damage to, or loss of use of any property occasioned by any error, omission, violation of Handitran’s rules or regulations, or negligent act by me. Such indemnity will apply whether the damages, claims, or liability arise in whole or in part from the error, omission, violation of Handitran’s rules or regulations, or negligence of me or the City of Arlington. It is my express intention that the indemnity provided for in this paragraph is indemnity by me to indemnify and protect the City of Arlington from the consequences of the City of Arlington’s own negligence, whether that negligence is the sole or concurring cause of the injury, death or damage.



**BY SIGNING BELOW, I ACKNOWLEDGE:**

**RECEIPT OF POLICY INFORMATION:** I have received the preceding information concerning Handitran policies and procedures and agree to abide by these policies.

**VERIFICATION AND RELEASE OF INFORMATION:** I verify that the information contained on this application for service is true and correct to the best of my knowledge. I also authorize Handitran personnel to obtain verification of any information given in this application, including, but not limited to proof of residency and pertinent medical information necessary for clarification of ridership eligibility.

**RELEASE AND INDEMNIFICATION:** I have read the above release and indemnification, understand its terms and conditions, and execute it voluntarily and with full knowledge of its significance.

Dated, this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant’s Signature (Or Legal Guardian with Guardianship Papers)



City of Arlington Texas  
Application for Handitran Special Transportation Service

**Applicant’s Name**\_\_\_\_\_ **Home Phone**\_\_\_\_\_

**Date of Birth**\_\_\_\_\_ **Age**\_\_\_\_\_ **Other Phone**\_\_\_\_\_

**Address**\_\_\_\_\_ **Apt. #**\_\_\_\_\_ **Arlington, Zip**\_\_\_\_\_

**Name of Apartment Complex or Nursing Home, etc.**\_\_\_\_\_

**Person to Contact In Case of Emergency**\_\_\_\_\_

Address\_\_\_\_\_ Other Phone\_\_\_\_\_

City/State/Zip\_\_\_\_\_ Relation\_\_\_\_\_

**Personal Physician**\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

**Assistive Devices Used** (Check All That Apply):

- ☐ Cane
- ☐ Service Animal:\_\_\_\_\_
- ☐ Standard Manual Wheelchair
- ☐ Crutches
- ☐ Portable Oxygen
- ☐ Electric Conventional
- ☐ Walker
- ☐ Other
- ☐ Powered Scooter

If using a service animal, what service does the animal provide?\_\_\_\_\_

If using wheelchair, does your residence have a wheelchair ramp for multiple steps?

- ☐ Yes
- ☐ No
- ☐ N/A

*(Driver cannot take a wheelchair up or down a step higher than 6” or more than one step; ramps must be secure)*

Do you require assistance from the driver?

- ☐ Yes
- ☐ No
- \_\_\_\_\_

Do you have any condition of which we should be aware?

- ☐ Yes
- ☐ No
- \_\_\_\_\_

Do you have a valid driver’s license?

- ☐ Yes
- ☐ No

Have you ever filled out a Handitran service application before?

- ☐ Yes
- ☐ No

**DISABILITY CERTIFICATION**

**This section must be completed by a physician for applicants with disabilities who are under 65 years of age.** Failure of physician to complete this portion of form may lead to delay of certification or non-certification of applicant. This section is not required for applicants 65 years of age or older if proof of age is submitted; however, it is suggested it be completed in addition to the proof of age to provide disability information.

**ATTENTION PHYSICIAN:**

An individual wishing to be certified with Handitran must be a senior citizen (65 years of age or older) or transportation restricted by virtue of a physical/mental disability. The paratransit program is a subsidized shared-ride service that provides transportation to persons who have a physical or mental disability that prevents their driving an automobile.

- ☐ This applicant **is not transportation restricted** as described above.
- ☐ This applicant **is transportation restricted** as described above, and outlined as follows:

1. What is the applicant's specific disability or medical diagnosis?

2. If the applicant were of legal driving age, would he/she be able to safely operate a motor vehicle?

☐ Yes ☐ No

3. Approximately what percentage of time would the disability restrict the driving function?

☐ 0% - 25% of the time ☐ 26% - 50% of the time  
☐ 51% - 75% of the time ☐ 76% - 100% of the time

4. Is the applicant's disability permanent? ☐ Yes ☐ No

If not, how long will the applicant need service?

☐ Less than one month ☐ Six months to one year  
☐ One to three months ☐ One to two years  
☐ Three to six months ☐ Over two years

5. Does the applicant require an attendant or supervision during transport?

☐ Yes Explain: \_\_\_\_\_  
☐ No

6. Does the patient have a history of/currently have violent tendencies or will the patient present a behavioral problem during transport?

☐ Yes Explain: \_\_\_\_\_  
☐ No

Physician's Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Certified \_\_\_\_\_ I.D. Number Assigned \_\_\_\_\_  
Mapsco Grid Number \_\_\_\_\_ Council District Number \_\_\_\_\_  
Date/Reason Rejected \_\_\_\_\_  
Comments \_\_\_\_\_

**STAMP, FOLD, STAPLE AND MAIL**

Postage  
Required

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